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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	United American Insurance Company
<b>TOI/Sub-TOI:</b>	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.013 Plan G (High) 2020		
<b>Product Name:</b>	Actuarial Memorandum & Rates		
<b>Project Name/Number:</b>	Actuarial Memorandum & Rates/MSHDG		

## Filing at a Glance

Company:	United American Insurance Company
Product Name:	Actuarial Memorandum & Rates
State:	District of Columbia
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI:	MS08I.013 Plan G (High) 2020
Filing Type:	Rate
Date Submitted:	11/13/2019
SERFF Tr Num:	AMLC-132152905
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	MSHDG
Implementation	01/01/2020
Date Requested:	
Author(s):	Louise Sanders, Tiffany Baysinger
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

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## General Information

Project Name: Actuarial Memorandum &amp; Rates

Project Number: MSHDG

Requested Filing Mode: Review &amp; Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Tiffany Baysinger

Filing Description:

RE: Actuarial Memorandum and Rates

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/02/2019

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/13/2019

State Status Changed:

Created By: Tiffany Baysinger

Corresponding Filing Tracking Number: AMLC-132152906

We are submitting for your review and approval the subject Actuarial Memorandum and Rates. They are being filed for use with Medicare Supplement Policy Form GMSHDG which is being submitted under separate cover. Please reference SERFF Tracking Number AMLC-132152906.

Your early review and approval of this filing would be greatly appreciated. If you have any questions, please feel free to contact me collect at (972) 569-4092, or by e-mail at [tkbaysinger@globe.life](mailto:tkbaysinger@globe.life).

## Company and Contact

### Filing Contact Information

Tiffany Baysinger, Compliance Analyst

3700 S. Stonebridge Drive

McKinney, TX 75070

[tkbaysinger@Globe.Life](mailto:tkbaysinger@Globe.Life)

972-569-4092 [Phone]

### Filing Company Information

United American Insurance

Company

P.O. Box 8080

McKinney, TX 75070-8080

(972) 529-5085 ext. [Phone]

CoCode: 92916

Group Code: 290

Group Name: Liberty National

FEIN Number: 73-1128555

State of Domicile: Nebraska

Company Type: Life and  
Health

State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	
<b>SERFF Tracking Number of Last Filing:</b>	

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
United American Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Medicare Supplement Rates	MSHDG	New		2020 DC MSHDG Rate Page.pdf,

# UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSHDG

2020 New Product Filing

DISTRICT OF COLUMBIA

Proposed Annual Premium Rates  
For Policies Issued with Attained Age Rates

Attained Age	Proposed Annual Base Rate
65	\$366
66	\$394
67	\$422
68	\$439
69	\$458
70	\$477
71	\$493
72	\$518
73	\$544
74	\$568
75	\$594
76	\$602
77	\$613
78	\$625
79	\$636
80 & Over	\$656
Rate Adjustment Factors:	
Sex and Underwriting	
Male Preferred	1.068
Female Preferred	0.929
Male Standard	1.229
Female Standard	1.068
Modal Premium Formulas:	
Annual	= Annual Base Rate * Sex and Underwriting Factor (rounded to near dollar)
Semi-Annual	= Annual / 2 (rounded to high dollar)
Quarterly	= Annual / 4 (rounded to high dollar)
Monthly	= Annual / 12 (rounded to high dollar)

For Company Use: Plan Codes XX

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Cover Letter
<b>Bypass Reason:</b>	Please refer to the General Information tab of this filing and that of SERFF filing AMLC-132152906.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2020 MSHDG Actuarial Memorandum.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	AM is attached above
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

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<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Projection and Parameters
<b>Comments:</b>	
<b>Attachment(s):</b>	2020 MSHDG Projection and Parameters.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**UNITED AMERICAN INSURANCE COMPANY**  
**McKinney, Texas**

**POLICY FORM MSHDG**  
**INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT HIGH DEDUCTIBLE PLAN G**

**2020 NEW PRODUCT FILING**

**ACTUARIAL MEMORANDUM**

This actuarial memorandum along with its attachments, a projection and parameters, is an actuarial report. This actuarial memorandum contains a general description of some policy provisions; it does not change the policy. Benefits are paid as specified in the complete policy.

**BENEFITS**

This policy supplements Medicare and, after a calendar year deductible, provides benefits for:

- 1) Part A Coinsurance beginning with the 61st day
- 2) 100% of hospital expenses, for 365 days lifetime, following exhaustion of Medicare benefits
- 3) Part A Hospice cost sharing
- 4) Part A Inpatient Hospital Deductible
- 5) Skilled Nursing Facility Coinsurance
- 6) Blood Deductible (Parts A and B)
- 7) Part B Coinsurance
- 8) 100% Part B Excess Expense
- 9) Foreign Travel Emergency

**RENEWABILITY**

These policies are guaranteed renewable for life, subject to the company's right to change premiums by class.

**MARKETING METHOD AND ELIGIBILITY**

This is an individual standardized Medicare supplement policy form that will be marketed by licensed agents to persons eligible for Medicare.

**APPLICATION OF RATES**

The schedule of proposed premium rates will apply to all policies issued in your state and is intended to be effective for calendar year 2020 and continuing until revised rates are approved and implemented.

**SCOPE AND REASON**

The purpose of this rate filing is to demonstrate to state officials that the anticipated loss ratio of this product meets the minimum requirements of your state. This rate filing is not intended to be used for any other purpose or by any other parties. Data used in the preparation of this filing is from company records and was used without audit. It was reviewed for reasonableness.

DETERMINATION OF RATES

Premium rates for this product were determined based on historical experience. These premium rates were set to achieve at least the minimum loss ratio.

LOSS RATIO

The minimum loss ratio is 65%.

CERTIFICATION

I, Tony Huang, am Actuary for Globe Life And Accident Insurance Company an affiliate of United American Insurance Company. I am authorized to make this certification on behalf of United American Insurance Company. I am a member of the American Academy of Actuaries and meet its Qualification Standards to render this opinion. I am available to assist with questions regarding this filing.

I hereby certify, to the best of my knowledge and judgment, that this rate filing is in compliance with the applicable laws and regulations of this state and that the benefits of the policies are reasonable in relation to the premiums charged because they are expected to meet or exceed loss ratio requirements.

July 10, 2019

Date



Tony Huang, ASA, MAAA  
Actuary

Globe Life And Accident Insurance Company

**UNITED AMERICAN INSURANCE COMPANY**  
**McKinney, Texas**

**POLICY FORM MSHDG**  
**INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT HIGH DEDUCTIBLE PLAN G**  
**2020 NEW PRODUCT FILING**

**PROJECTION OF ONE YEAR OF ISSUE BASED ON NATIONWIDE DATA**

Policy Year	Earned Premium	Incurred Claims	Loss Ratio
1	1,000,000	386,550	0.387
2	951,678	493,039	0.518
3	927,760	603,044	0.650
4	909,970	594,207	0.653
5	898,456	590,670	0.657
6	887,442	587,804	0.662
7	876,657	583,234	0.665
8	846,468	567,290	0.670
9	817,218	551,345	0.675
10	786,219	534,929	0.680
11	756,991	519,449	0.686
12	729,313	503,266	0.690
13	701,367	487,127	0.695
14	673,189	471,302	0.700
15	644,774	455,725	0.707
16	615,340	440,982	0.717
17	575,895	418,944	0.727
18	537,421	395,659	0.736
19	499,858	372,377	0.745
20	457,444	344,192	0.752
21	417,157	315,802	0.757
22	376,289	286,505	0.761
23	336,865	258,304	0.767
24	297,005	228,122	0.768
25	258,658	199,267	0.770
26	221,624	170,049	0.767
27	187,974	143,453	0.763
28	155,874	117,949	0.757
29	126,281	94,674	0.750
30	100,729	74,452	0.739
31	76,940	56,948	0.740
32	57,914	43,000	0.742
33	42,531	31,667	0.745
34	30,490	22,732	0.746
35	21,473	16,009	0.746
<b>Total</b>	<b>17,801,266</b>	<b>11,960,071</b>	<b>0.672</b>

The projection is based on \$1,000,000 of annual premium issued at the beginning of the year.

This projection is not a guarantee of future experience. Experience is subject to significant fluctuations on small blocks of business.

**UNITED AMERICAN INSURANCE COMPANY**  
**McKinney, Texas**

**POLICY FORM MSHDG**  
**INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT HIGH DEDUCTIBLE PLAN G**

**2020 NEW PRODUCT FILING**

**ACTUARIAL PARAMETERS FOR**  
**NATIONWIDE PROJECTIONS BASED ON ONE YEAR OF ISSUE**

<u>Duration</u>	<u>Lapse Rate</u>	<u>Duration</u>	<u>Lapse Rate</u>	<u>Duration</u>	<u>Lapse Rate</u>
1	0.080	13	0.074	25	0.180
2	0.055	14	0.077	26	0.188
3	0.051	15	0.081	27	0.206
4	0.049	16	0.104	28	0.225
5	0.049	17	0.107	29	0.237
6	0.049	18	0.110	30	0.269
7	0.059	19	0.124	31	0.280
8	0.059	20	0.127	32	0.297
9	0.070	21	0.137	33	0.314
10	0.069	22	0.143	34	0.326
11	0.069	23	0.156	35	0.330
12	0.071	24	0.167	36	1.000

**NATIONWIDE RATE INCREASES:<sup>(1)</sup>**

<u>Plan</u>	<u>Years 2019+ Premium Trend<sup>(2)</sup></u>
Retired Plan HDG	4.5%

<sup>(1)</sup> Rate increases are projected to be effective January 1 of each year.

<sup>(2)</sup> For attained age rates, the increase in premiums as attained age increases is also recognized.

**CLAIMS TREND:<sup>(3)</sup>**

Price and Utilization Changes: 4.5%

Selection by Duration

<u>Duration</u>	
1	0.600
2	0.800
3+	1.000

<sup>(3)</sup> In addition to price and utilization changes and selection by duration, the increase in claims as attained age increases is recognized.